



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CIO BUREAU/SYSTEMS AND OPERATION/HELP DESK**

INDIVIDUALS AUTHORIZED TO SIGN CIOB FORMS

Check Box for Type

Pharmacy, DHS, FFS, NGA Legal Entity No. or

Provider Number: _____

☐ DMH ☐ NGA ☐ FFS ☐ DHS

☐ Pharmacy

Name of Agency/Provider: _____

Address: _____

Street

City

State

Zip

Telephone Number: _____

Area Code

Number

Extension

Director Level or Above: _____

Print/Type

Director's Level or Above Signature: _____

The following individual is authorized to sign CIOB Forms submitted by the above name agency:

Name of Designee: _____

Print/Type

Signature of Designee: _____

Title: _____

Name of Alternate: _____

Print/Type

Signature of Alternate: _____

Title: _____

Date Submitted to CIOB _____

NOTICE: FAX WILL NOT be accepted. Original signatures are required.

Return completed form to: LA County, Department of Mental Health
CIO Bureau/IS-Systems Access
695 S. Vermont Avenue, 6th Floor
Los Angeles, CA 90005